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Fill in this information to identify your case:						
Debtor 1	Edwin	O Ceballos	Fernandez			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankru	ptcy Court for the:	Eastern District of Pennsylvania				
Case number (if known)						

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
√ 3. The commitment period is 3 years.
4. The commitment period is 5 years.
Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Ра	rt 1: Calculate Your Average Monthly Income							
1.	1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.							
va e:	ill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the aried during the 6 months, add the income for all 6 months are example, if both spouses own the same rental property, put the 0 in the space.	6-month period nd divide the total	would be March al by 6. Fill in the	1 throu e result	ugh August 31. If the	amount of your month income amount more	nly income than once. For	
				_	Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	-	\$0.00					
3.	3. Alimony and maintenance payments. Do not include payments from a spouse.				\$0.00			
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.					\$0.00			
5.	, , ,							
	farm	Debtor 1 \$2,380.31	Debtor 2 \$0.00					
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	\$803.37 -	\$0.00					
	Net monthly income from a business, profession, or farm	\$1,576.94		Copy nere →-	\$1,576.94			
6.	Net income from rental and other real property	Debtor 1	Debtor 2					
	Gross receipts (before all deductions)	\$0.00	\$0.00					
	Ordinary and necessary operating expenses	\$0.00	\$0.00					
	Net monthly income from rental or other real property	\$0.00	ψ0.00	Copy nere →_	\$0.00			

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Debtor 1	Edwin	O Ceballos	Fernandez	Case	number (if known)	
	First Name	Middle Name	Last Name			
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. Interest, di	ividends, and royal	Ities		\$0.00		_
8. Unemploy	ment compensatio	n		\$0.00		_
Do not ente	er the amount if you	u contend that the amou	nt received was a benefit ι	ınder	-	_
the Social	Security Act. Instea	d, list it here:				
For yo	u			\$0.00		
For yo	ur spouse					
under the S include any States Gov death of a under chap exceed the	Social Security Act. y compensation, pe vernment in connec member of the unif- pter 61 of title 10, the amount of retired p	Also, except as stated in the state of the s	nount received that was a land the next sentence, do not allowance paid by the Unite abat-related injury or disabteceived any retired pay paid to the extent that it does not be the title.	t d ility, or d not	<u> </u>	-
10. Income fr not includ a victim or terrorism; States Go death of a	rom all other source le any benefits rece of a war crime, a crir or compensation, provernment in conne	es not listed above. Speived under the Social Seme against humanity, or pension, pay, annuity, or ction with a disability, coiformed services. If necession,	ecify the source and amous ecurity Act; payments receinternational or domestic allowance paid by the Unimbat-related injury or disalessary, list other sources or	ved as ted bility, or		
						-
						_
Total amou	unts from separate p	pages, if any.		+	+	_
		e monthly income. Add lor Column A to the total	ines 2 through 10 for each for Column B.	<u>\$1,576.94</u>	+	Total average monthly income
Part 2: Dete	ermine How to N	Measure Your Deduc	ctions from Income			-
12. Copy you	ır total average mo	nthly income from line	11			\$1,576.94
13. Calculate	the marital adjustr	ment. Check one:				
✓ You are	not married. Fill in 0) below.				
You are	married and your sp	oouse is filing with you. I	Fill in 0 below.			
You are	married and your sp	pouse is not filing with ye	ou.			
	endents, such as pa			larly paid for the household ex support of someone other than		
	specify the basis for all adjustments on a		nd the amount of income d	levoted to each purpose. If nec	essary, list	
	•	apply, enter 0 below.				
				+		
Total				\$0.00 Co	opy here. $ ightarrow$	\$0.00

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Debtor 1	Edwin	O Ceballos	Fernandez	Case number (if known)	
	First Name	Middle Name	Last Name	· ,	
15. Calculate	e your current mont	thly income for the year	Follow these steps:		
15a. Co	py line 14 here →				\$1,576.94
Mul	tiply line 15a by 12 ((the number of months i	n a year).		x 12
					\$18,923.28
15b. The	e result is your curre	ent monthly income for the	ne year for this part of the	form	Ψ10,323.20
16. Calculate	the median family	income that applies to	you. Follow these steps:		
16a. Fill	in the state in which	n you live.	Penn	nsylvania_	
16b. Fill	in the number of pe	eople in your household.		1	
16c. Fill	in the median famil	v income for your state a	and size of household		\$67,676.00
To f	ind a list of applicab	le median income amou		nk specified in the separate	
17. How do t	the lines compare?				
17a. ⊻	Line 15b is less th	nan or equal to line 16c.	On the top of page 1 of t	his form, check box 1, Disposable income is not detern	mined under 11
	U.S.C. § 1325(b)	(3). Go to Part 3. Do NC	T fill out Calculation of You	our Disposable Income (Official Form 122C-2).	
17b. ┕	1325(b)(3). Go to		ulation of Your Disposab	heck box 2, Disposable income is determined under 1 ble Income (Official Form 122C–2). On line 39 of that form	
Part 3: Cald	culate Your Com	mitment Period Un	der 11 U.S.C. §1325(b)(4)	
19 Cony voi	ur total average me	nthly income from line	11		
	_				\$1,576.94
calculatin amount f	ng the commitment prom line 13.	period under 11 U.S.C. §	1325(b)(4) allows you to	not filing with you, and you contend that deduct part of your spouse's income, copy the	
19a. If the	marital adjustment	does not apply, fill in 0 o	n line 19a		\$0.00
19b. Subt	ract line 19a from li	ne 18.			\$1,576.94
20. Calculate	e your current mont	thly income for the year	Follow these steps.		
20a. Copy	line 19b				\$1,576.94
• •		er of months in a year).			x 12
·		, ,			
20b. The re	esult is your current	monthly income for the	ear for this part of the for	rm.	\$18,923.28
20c. Copy t	the median family in	come for your state and	size of household from li	ne 16c	\$67,676.00
	the lines compare?	·			
☑ Line 20	Ob is less than line 2	0c. Unless otherwise or 3 years. Go to Part 4.	dered by the court, on the	e top of page 1 of this form, check box 3,	
Line 20	b is more than or e	•		court, on the top of page 1 of this form,	
Part 4: Sign	n Below				
By signing	here, under penalt	y of perjury I declare tha	t the information on this s	statement and in any attachments is true and correct.	
X <u>/s</u>	s/ Edwin O Cebal	los Fernandez			
Sig	gnature of Debtor 1				
Da	tte <u>04/28/2025</u> MM/ DD/ YYYY				
14 1	alord 47a - Ja NOT 6	Il and an file France 4000	0		
•	·	ill out or file Form 122C- rm 122C–2 and file it wit		that form, copy your current monthly income from line	14 above.